



GP/3613  
12/30/01  
12/01  
TIME  
Original  
(m)  
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Rogge et al.

Serial No: 09/255,094

Filed: February 22, 1999

) Title: Antivibration Mount and  
) Mechanical Assembly Comprising  
) Such Mount  
)  
) Group Art Unit: 3613  
)  
) Examiner: M. Burch  
)

**AMENDMENT TRANSMITTAL WITH  
PETITION FOR EXTENSION OF TIME**

**Commissioner for Patents  
Washington, D.C. 20231**

**RECEIVED**

SEP 04 2001

Sir:

**03600 MAIL ROOM**

Transmitted herewith is an amendment for the above application.

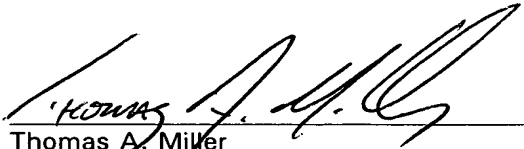
**CERTIFICATE OF MAILING (37 CFR 1.8)**

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on **August 24, 2001**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

08/30/2001 BNGUYEN1 00000148 09255094

01 FC:115

110.00 OP

  
Thomas A. Miller  
Reg. No. 40,091

**1. Extension of Time**

- ☒ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month	X	\$110.00		\$55.00
Two Months		\$390.00		\$195.00
Three Months		\$890.00		\$445.00
Four Months		\$1,390.00		\$695.00
Fifth Month		\$1,890.00		\$945.00

**If an additional Extension of Time is required, please consider this a petition therefor.**

Extension Fee: \$110.00



An extension for \_\_\_\_\_ month(s) has already been secured and the fee paid therefor of \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

**Extension Fee Due With This Request \$110.00**

**2. Fee for Claims**

The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	6	MINUS	20	0	X 9 =	\$	X18 =	\$
INDEP.	4	MINUS	5	0	X40 =	\$	X80 =	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claim					+ 135 =	\$	+ 270 =	\$
TOTAL ADDITIONAL FEE						\$	OR	\$

**3. Method of Payment of Fees**

Attached is a check in the amount of:

\$110.00

- ☐ Charge Deposit Account No. 13-2855  
in the amount of: \$ \_\_\_\_\_  
A copy of this Transmittal is enclosed.

**4. Deposit Account and Refund Authorization**

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

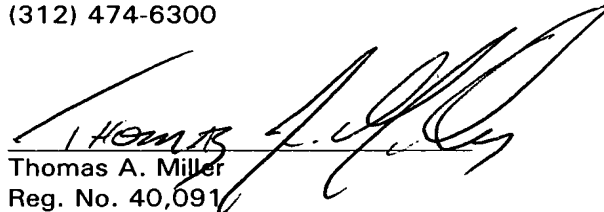
Please refund any overpayment to Marshall, Gerstein & Borun at the address below.

Respectfully submitted,

MARSHALL, GERSTEIN & BORUN  
6300 Sears Tower  
233 South Wacker Drive  
Chicago, Illinois 60606-6402  
(312) 474-6300

August 24, 2001

By:

  
Thomas A. Miller  
Reg. No. 40,091